

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Villa Teodora AFH / Carmen Elenes	LICENSE NUMBER A 585 400
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

Here at Villa Teodora we provide 24 h care in a home like setting, we recognize and respond to differences in client needs and preferences. Our goal is to create an environment in which residents can exercise greater control over their lives. We treat our residents as family members.

2. INITIAL LICENSING DATE

03/01/1997

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

2233 - 137 PL SE, Bellevue WA 98005

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Villa Teodora AFH

5. OWNERSHIP

- ☐ Sole proprietor
- ☐ Limited Liability Corporation
- ☐ Co-owned by:
- ☒ Other: **S - CORPORATION**

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

Provide assistance with cutting up, monitoring and directing or handing food/drink. Also provide diabetic diets, mechanical altered diets, total feeding assistance.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

Assist clients with all aspects of toileting, cleaning, changing underwear/pads.

3. WALKING

If needed, the home may provide assistance with walking as follows:

Assistance with walking using assistive devices. gait-belt, wheelchair, stand-by assistance for safety, cueing and monitoring.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

Assistance with gait-belt one person, two person transfer.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

One person assistance with positioning, stand-by for safety, cueing and monitoring, repositioning interval.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

Assistance with all aspects of personal hygiene, from set-up, hands-on assistance to total dependent of all tasks.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

Assistance with selection and lay out of clothing, help with buttoning up, upper and lower body dressing, socks, TED hose, shoes, laces, to total assistance.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

Assistance with bathing from set up, cueing, encouraging, stand by for safety, help with in/out of shower, partial assistance to total dependent, including bed bathing.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Assistance with oral/denture care, eye glasses, hearing aids, bladder & bowel management

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

Assistance with medication from independent to medication administration through nurse delegation. We

monitor and document medication intake, store medications in properly locked cabinets.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Provide medication assistance/administration towards end of life including comfort kit medication through hospice care.

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

Skilled nursing services are provided by contracted home health agencies and may include visiting nurses, physical, occupational, speech therapists, and hospice care services. These services are being paid by the individual health insurance.

The home has the ability to provide the following skilled nursing services by delegation:

Skilled nursing services through delegation: blood glucose monitoring, insulin injections, oxygen, simple wound care, eye drops, ointments, catheter care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Staff is certified and trained to perform nurse delegated tasks.

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☐ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Provide services for individuals with mild, moderate and advanced dementia including Alzheimers. We provide end of life care.

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☒ The provider lives in the home.
- ☒ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☐ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: Available as needed or upon request
- ☒ Licensed practical nurse, days and times: Nurse Delegation available as needed or upon request
- ☒ Certified nursing assistant or long term care workers, days and times: 24 X 7 care provided by caregivers
- ☒ Awake staff at night
- ☐ Other: **Monthly Home Doctor visits and upon requests**

ADDITIONAL COMMENTS REGARDING STAFFING

The caregivers are certified as required by Washington State.

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

We respect every ethnic, religious, and cultural background.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We do our best to accommodate different culinary diets and honor cultural and religious celebrations of our clients

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

Have at least 3 years of private pay before the conversion to Medicaid.

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

Provide activities and programs based on individual capabilities such as: exercises, yoga, outside walking, movies, music, board games, crafts , puzzles, reading, coloring.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Celebrating the holidays together, birthdays and special occasions makes our residents feel more at home.

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600